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THE NURSING TIMES

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NURSING NOTES

The Resignation of Miss Monk.

MISS MONK, better known as Sister Katherine, the matron of King's College Hospital, informs us that, though she regrets the premature announcement of her resignation, the facts are perfectly correct. After thirty years' nursing work, first at St. Bartholomew's Hospital, and then as ward and night sister, and since 1884 as matron, of King's College Hospital, she has been compelled to resign on account of ill-health.

Miss Monk is at Brighton, recovering from the effects of rheumatic fever, which has left her so weak that there is not the slightest possibility of her reconsidering her decision, as her staff had hoped.

The training school at King's is renowned not only for the excellent training of its nurses, but for the good tone which prevails all through the hospital. You felt this directly you stepped into the hall, where, from porter, nurse, and sister, to matron, you met with nothing but the greatest courtesy and most cheerful willingness to render any assistance which might be required. Not only in her own hospital, but in a wider field, Miss Monk has many friends to whom she has been of the greatest service; her wise counsels, the cheerful way she surmounted the difficulties incidental to a matron's life, the unselfish manner in which she would add to her own arduous work by assisting and working out plans for others, and especially the enthusiastic way in which she took up and in a measure re-organised the Army Nursing Service, is only known to those with whom she worked.

In the many difficulties of life a few words with Miss Monk would help you to start afresh with renewed hope in your work; you felt her counsel so helpful because you knew she had such a high standard of duty, and to have had the pleasure of working for some years with Miss Monk will always be one of the happiest memories of one who knew her.

Nursing for Medical Students.

We published recently a Note on the excellent nursing lectures given at the London Hospital by the sisters to the medical students. The need for these is commented on in *St. George's Hospital Gazette*, which says: "It has always seemed to us that there is one very conspicuous gap in our practical medical training in so far as it is intended to fit us for general practice. This gap is our relative ignorance of many of the details of modern nursing, a working knowledge of which would be in any circumstances very useful, and in some contingencies absolutely essential. There are many obvious reasons why we should be *au fait* with these manipulations. A doctor may easily find himself in the position of having to instruct the untrained local nurse, relative, or friends of a patient in some detail, or it may even happen that, in some benighted district, he may be called upon to be both doctor and nurse.

"As a matter of fact, a general knowledge of such matters as bed-making, draw-sheets, fracture-beds, the preparation and administration of nutrient enemata, nasal feeding, the various packs and hot-air baths, to cite a few examples at random, is not nearly so common among us as it ought to be.

"Seeing that most of these things are on view only when the student is absent from the wards, could not some means be devised to demonstrate to him the methods and difficulties of their use?"

Public Nursing Homes.

At its last annual meeting of representatives, the British Medical Association passed a series of resolutions respecting the administration of hospitals and dispensaries. Notice has now been given of a further series of suggestions which it is desired to submit to debate on the next occasion that the representatives of the multiple divisions of this Association meet in conclave. These include one which, indirectly, touches many of our readers, since it is an expression of opinion that it is desirable that Public Nursing Homes should be established for patients who, being ineligible for the voluntary hospitals, are yet unable to pay the charges usually made in private nursing homes. This is followed by a brief statement of the general principles on which such public nursing homes should be conducted. From these it may be gathered that the general idea is that they should be semi-philanthropical institutions, in which it shall be open to the patient to select any medical man as his professional attendant for whose services he can pay. The whole thing really amounts thereby to a pious wish, the expression of which need disturb none of the present generation of nursing home owners. It is, however, interesting as further evidence of an increas-

ing desire among the general body of medical men to be in a position to complete the treatment of their less wealthy patients under favourable circumstances themselves, instead of being compelled, as now, to turn over operation and other cases requiring ward treatment to public hospitals, should the sufferers be insufficiently wealthy to meet the charges of private nursing homes. This is quite natural, for the possession of high skill is no longer confined to the few, as in former times, when the rank and file of the medical profession were less well trained than is the case at the present day. Moreover, apart from formal operative measures, there are so many treatments nowadays, the difficulty and expense of which are greatly increased if they have to be carried out in ordinary private houses. In the coming by-and-by, it seems quite likely that every really sick person will be sent to a hospital of some sort, and only trifling maladies be treated in houses where operating rooms, clinical laboratories, light departments, and all the other paraphernalia of modern treatment are unavailable.

Poor Law Nursing.

At Wandsworth Union branch house, on February 10th, an inmate suffering from heart disease met with an accident while carrying a tray of mugs; he complained of pain, and the medical officer of the workhouse was consulted by telephone by the assistant master. A stimulant, an opium pill and hot fomentations were ordered, also by telephone. The case was not seen by doctor till 18 hours after the accident, and the man shortly died in the presence of, and comforted only by, a fellow-inmate who had applied the fomentations during the day. The night "treatment" was carried out by the night porter, who gave four fomentations; besides this duty he had to look after the fires and patrol the building.

The inquest on this painful case showed that a chronic ulcer had broken after the accident, and it was stated that had the perforation been diagnosed immediately, an operation would possibly have saved the life.

The Local Government Board, and doubtless the Guardians, will inquire further into the matter; but we would urge on all authorities the need of more systematic attention to the chronic cases in their workhouses. Separate infirmaries are well-staffed as a rule, but a chronic case, which in this case became acute, requires a better and more humane system. The criticism applies to all sick wards connected with London workhouses where there is often no trained staff, or a very inadequate one. We do not touch on the medical responsibility, but on the need for a thorough overhauling of the present administration of the sick or infirm cases in workhouses, as distinct from infirmaries.

Knowing that Poor Law nursing advances slowly in the West of England, we read with satisfaction that the St. Asaph Guardians (Cornwall) had opened "a new and imposing structure" as an infirmary, at a cost of upwards of £9,000. We further noted "that the view from the windows was beautiful, and that the beds and appliances were of the most up-to-date description," but our disappointment was keen when we noted that the Local Government Inspector, Mr. Bircham, had been obliged to point out to the Guardians that another trained nurse should at once be engaged for their new infirmary.

The Inspector truly pointed out "that it was not right to employ women of low character and half imbeciles from the workhouse to nurse the sick," but in spite of this strong recommendation the Guardians deferred appointing a nurse. The present nurse has from 35 to 40 patients, and many of these are on their deathbeds, it was stated. How long will guardians continue to consider fine buildings can make up for careful, sufficient, and properly trained nursing? We hope the central authority will take note of the matter, though we are aware the present tendency is to leave all questions, no matter how much they need expert knowledge, in local hands. We can only express our sympathy with the Inspector, whose experience is long and varied, with the over-worked nurse, and, above all, with the poor patients.

King's College Hospital.

It will probably interest old King's College nurses and friends to hear that the dedication of the stained window in the hospital Chapel to the good friend and aforetime chaplain and warden, the Rev. Nathaniel Bromley, took place on February 18th. The Dean of Canterbury, originally chairman of the hospital, conducted the service, assisted by the present hospital chaplain. Miss Little, the acting matron in Miss Monk's absence, was present, as well as many old nurses and friends, and the widow, brother, and sisters of Mr. Bromley, who was chaplain for twenty-three years, and warden for thirteen, and by his good fellowship and piety obtained the affection and esteem of all who knew him. It had been intended to await Miss Monk's return for the ceremony, but owing to her unfortunately prolonged illness this was impracticable.

A Warning to Midwife Pupils.

A case of considerable interest to intending pupil midwives came before Judge Selfe at the Brompton County Court recently. Kate Dunbar, a widow, sued a nurse, of Fulham, for the sum of twenty-four guineas, paid "for training" as a midwife, the plaintiff saying she paid the money under the impression that the defendant was properly qualified to prepare her for the Central Midwives Board examination. The defendant, who said she was certificated, having been in practice before the passing of the Act, stated that Mrs. Dunbar "thoroughly understood the money was paid for board and lodging and experience in cases." Judgment was given for the defendant, the judge being of opinion that she would not have undertaken the tuition without explaining that twenty cases must be attended, and that she was not herself able to sign a certificate. The judge showed a somewhat

touching trustfulness, which those who are seeking to obtain midwifery training will do well to qualify by very strict inquiries into the *bona fides* of would-be instructors. There are, unfortunately, many cases in which confiding pupils have been deluded by specious advertisements into the payment of round sums for training which they have too late discovered to be worth nothing at all. There have, for instance, been several cases in connection with one so-called "Nursing Institute," in which action might well have been taken by the victims, who are, however, in most cases prevented for various reasons from carrying their wrongs into court. The decision of Judge Selfe shows that little help is to be expected from the law in such cases, and prospective pupils must look to their own common-sense to guard them from loss.

The Private Nurse Again.

A lengthy article in a weekly paper (*The Lady's Weekly*), entitled "Does Professional Nursing Harden a Woman?" once more attacks the poor private nurse, and through her shortcomings hits right and left at the profession of nursing. The writer has evidently had unpleasant experiences, though the worst crime she has to relate will perhaps not seem so very grievous to the "callous" professional mind. It was a Scotch nurse, "sensible," alas, and unappreciative of the besetting weakness of a lady patient, whose nightgowns were "a foam of soft lace brightened with ribbons." This cruel Scotswoman insisted on "good grey flannel," and her patient now speaks of hospital nurses "with a shivering distaste." The shivering one would imagine more applicable to the "foam of lace"!

This frivolous critic is of opinion that a patient's "own womenfolk make good nurses even when they are utterly lacking in skill," and that "their love supplies the knowledge." It is a trusting spirit—and it would be interesting to know if such a sentiment would stand the test of real illness. But it is curious with what persistency the misdoings of a certain number of private nurses, the only members of the profession usually known to these lay writers, are allowed to overshadow in the public mind the good work of those others whose presence brings comfort to vast numbers of the sick and sorrowful.

Midwives and the Nail-brush Industry.

The *Lancet* is witty at the expense of the compilers of the instructions recently issued by the Salop Local Supervising Authority to the midwives within its area. While approving of the code in question as well and clearly expressed, our contemporary demurs at the suggestion that a midwife should "boil her nail-brush for three minutes," remarking, "We are not aware of the fiscal condition of the nail-brush trade, but if it be one of our disappearing industries the regulation in question should give it a fillip, for we are sure that hardly any nail-brush could stand boiling for a period of three minutes more than twice or thrice," and suggesting that as the appliance is not required for the patient, but for the midwife's hands, soaking in disinfectant, in addition to hot soap and water, in itself bactericidal, should be enough. The aspect of the much-boiled penny nail-brush is certainly likely to be more than a little deplorable, and we doubt if the Local Supervising Authority contemplates the wholesale provision of these useful articles, so that the regulation will probably be more honoured in the breach than in the observance. But perhaps the nail-brush is made in Germany, in which case the artificial stimulus attributed to the Salop County Council would fail in its fiscal application.

Chelsea Hospital for Women.

The new matron has been appointed in the person of Miss E. L. Laurence, one of the earliest contributors to this journal. She was trained at Guy's Hospital, and has had valuable experience there as assistant matron. Miss Laurence served as a reserve sister during the Boer War, and on her return became matron of the Victoria Hospital, Keighley. For the past few months she has been helping to manage a private nursing home in London, but her capabilities demanded a larger scope, and this she will find to her hand in the large hospital to which she has been appointed.

Another New American Nursing Paper.

Another nursing paper comes to us from America. Its rather cumbersome title, *The Visiting Nurses' Quarterly Magazine*, is in complete contrast to its contents, for it is full of interesting and valuable reading, not only for visiting nurses, but for everyone interested in social work. Nothing is more striking in the American nursing world than the broad outlook of the nurse. She is not only a nurse, but a sanitary and social reformer as well, and rightly feels that nursing is only one part of a great social problem.

Most of the first number is devoted to school nursing. Accounts are given of the work in New York, Chicago, and Los Angeles. The movement seems to be spreading in America, and the chief article is a description of school nursing in New York, by Miss Lina B. Rogers, superintendent of the city's school nurses. She gives an interesting and detailed account of the work, and points out very clearly that the first object of the school nurse should be, not the mere exclusion of the child, but its return to school at the first opportunity. This is a very necessary point to remember, when we consider the few years that are spared for the education of the children of the poor.

Parental responsibility is not lessened by the nurse's work, for a part of her duties is to look up the mothers, and see that they carry out the treatment and take the child to the family doctor or hospital as the case may be.

In Chicago the school nursing is undertaken by a voluntary association, but in Los Angeles the municipality makes a grant towards the cost.

One can see that American school nurses grasp the fact that disease is often the result of home

conditions, and aim at its prevention as far as possible by making the visiting of the homes the most important part of their work.

Presentation to a Matron.

On leaving the Wolverhampton and Staffordshire General Hospital, of which she has been matron for the past six years, Miss Ida M. Eastmond was presented with a handsome oak bureau and a set of carvers in a case by the nursing staff, an egg-stand by the domestic staff, and some valuable gifts from friends in Wolverhampton. Miss Eastmond is shortly to be married to Mr. Edmund Forster, late house governor of the Wolverhampton and Staffordshire General Hospital, and now secretary of the Royal Infirmary, Bradford.

With respect to the Baby Show held last week at St. Clement's Maternity Home, Miss Heatley sends us the interesting information that of the forty-eight babies, forty-one are being nursed by their own mothers, who, even though they go out to work, make arrangements for off-time to feed their children. Five of the babies are being fed on cow's milk and barley water, prepared according to the directions given by the nurses, one is fed on Nestlé's milk, and one on Davis's malted food mixed with cow's milk.

Referring to our note on the recent suicide of Miss Cuddy, a friend of hers writes that her act was not due entirely to penury occasioned by her refusal to take small fees, but to the fact that like many clever and brilliant women, she was subject to fits of depression to an extent bordering on mania, and was unable to take night duty. The case is a very melancholy one and may be summed up in the words of our correspondent: "Of course, she ought not to have been a nurse."

We note that the Local Government Board has refused to sanction the appointment of an additional probationer for the Clonmel Union. The special nurse who is temporarily engaged costs £1 a week, and, as one of the guardians pointed out, the extra nurse would be a real economy. It was decided that the medical officer should send a written statement emphasising the necessity for the additional nurse.

We regret to record the death of Miss Mary Clements, at Chiromo, British Central Africa. Miss Clements served as a reserve sister during the late Boer War, and was much beloved by her comrades. She left England in April, 1905, to take up work as matron of a railway hospital in Central Africa, but contracted Blackwater fever, and died on November 1st, 1905.

We regret to learn that Miss Marsland, the matron of the Maternity Nursing Association, is ill with influenza for the second time since Christmas.

Think, then, and some day you will feel also—no morbid passion of Pity . . . but the steady fire of perpetual Kindness.—*Ruskin.*

MEDICAL NOTES

Blood Coagulation.

There has accumulated of late years a good deal of evidence tending to prove that chloride of calcium, when given internally, increases the property of coagulability naturally possessed by the blood, and fresh clinical evidence to the same effect has recently been supplied by a French surgeon, M. Toubert. He finds that if for one or two days preceding an operation calcium chloride is administered at the rate of some forty-five grains in the 24 hours, the hæmostatic effect is very evident in all cases, though more marked in some patients than in others. Thus the capillary hæmorrhage is greatly lessened, fewer small vessels jet, whatever blood escapes rapidly clots, and the post-operative oozing which sometimes materially interferes with healing by first intention is entirely absent. These effects are of great advantage, since the parts under operation are not obscured by blood, very few buried ligatures need be left, and the whole procedure completed more rapidly as there is no occasion to stop continually while the field of operation is swabbed. Operations such as circumcision, internal urethrotomy, radical cure of hernia, osseous suture, extensive skin grafting, and removal of hæmorrhoids are those for which he more particularly commends the employment of chloride. Its administration, he notes, is easy because it is well tolerated by the stomach, and is freely soluble in water; with milk, however, it is incompatible.

The Anæsthetic Action of Blue Rays.

A medical professor of Geneva, M. Redard, describes a new method of producing anæsthesia, which he claims to be equally powerful and less dangerous than ether or chloroform. It is obtained by employing the blue rays. The physical effects of colour have long been remarked: red is exciting, for instance, whilst blue is calming and induces a feeling of comfort and well-being. Intense blue rays not only alleviate pain, but deaden sensation for a time long enough to permit of minor surgical operations. These results are obtained by means of an electric lamp of blue glass, 16 candle power, and provided with a nickel reflector. The patient must gaze fixedly at the light, at a distance of about 5 inches, his head and the lamp being covered with a blue veil, which excludes daylight. In two or three minutes the pupils become dilated, and anæsthesia is attained. The manner in which the blue rays achieve this is not as yet fully understood, but it is certainly not by hypnotic influence (as is the case when the gaze is fixed on a metal disc, for instance), for when red or yellow rays are tried the results are not satisfactory; in fact, as regards anæsthesia, they are absolutely negative.

Rectal Feeding.

Two Scotch observers, whose conclusions were recently communicated to the Edinburgh Medico-Chirurgical Society, have been trying

to determine what is the value from a laboratory standpoint of a piece of labour which nurses so often perform, namely, feeding a patient by the rectum. In brief, they conclude that it is only possible to supply a patient in this way with about one quarter of the nutriment which he requires in order to make up the loss of tissue entailed by the carrying on of ordinary life processes. Their experiments were carried out on patients under treatment for gastric ulcer, the enemas being given every six hours; and the nutrition results checked by well-recognised laboratory methods. Technically they found that while it was possible to secure the retention of food to the value of 1,200 calories in 24 hours, not more than about 500 could be absorbed by the rectal mucous membrane, and converted into physiologic fuel by the system. In particular, proteid food, such as egg-albumen, was absorbed in such small quantity as to make its administration of very little value; on the other hand, carbohydrates in the form of dextrose were not only well-absorbed, but gave rise to no local irritation. The results with fat, the third necessary constituent, given as yolk of egg, proved very irregular, sometimes being freely absorbed, sometimes not at all. The food enema, which the observers recommend as on the whole of most practical value, was composed as follows: (1) The yolk of two eggs, (2) 30 grammes pure dextrose, (3) 0.5 grammes common salt, (4) pass with sufficient pancreatised milk to make the total 300 c.cm. or about 10 ounces. It is a large quantity, but the authors stated it was readily retained if syphoned slowly into the rectum by means of a soft rubber catheter attached to a funnel.

The Fight against Tuberculosis.

Sir William Broadbent's proposal that the Metropolitan Asylums Board should constitute itself the tuberculosis authority for London, though it would seem to have many points to commend it, is, on the other hand, fraught with innumerable difficulties. Sir William presents his memorial under six headings, but the first two contain the most salient points. The compulsory notification of consumption is a point which will meet with favour at the hands of all the doctors, nurses, and indeed any educated person, but the difficulty will be with the poorer classes who will probably not take kindly to such a measure, and will take infinite pains to evade the law, as they do at present over the Infectious Diseases Act. Then there is the formation of a Ladies' Association, to be appointed, as in Manchester, to follow up all the notified cases in order that a sanitary inspector may be sent to each house to disinfect, and that his work when done can be inspected by an impartial onlooker. Under this system, in one way, the work of the district nurse may be somewhat lightened by the help of the Ladies' Association, but, on the other hand, a great deal of the notification will have to be done by her, and with much tact. The whole movement is a step in the right direction, that of the due recognition of tuberculosis; we can all do much to check its spread, and the scheme should receive well-merited support from all classes of the community, but one scarcely feels that Sir William's proposals go sufficiently practically into the domestic side of the scheme, though it is a cause for great thankfulness that any plan of action against this dread enemy should have been drafted.

Ice at Chemists' Shops.

It is proposed in Berlin to include ice for medicinal and nursing purposes in the pharmacopœia, so that apothecaries will be compelled to supply it when needed.

THE MEDICAL JOURNALS

THE LANCET, Feb. 17th (423, Strand; 7d.; postage, ½d.)

A Clinical Lecture on Appendicostomy and its Possibilities. By Sir William H. Bennett, K.C.V.O., F.R.C.S.

Hunterian Lectures on the Physical Anthropology and Ethnology of British New Guinea. By Charles Gabriel Seligmann, M.B.Lond., M.R.C.P., F.Z.S.

Three Clinical Lectures on the "Acute Abdomen." By Wm. Henry Battle, F.R.C.S.

A Large Teratoma of the Neck Successfully Removed from an Infant Three Weeks Old. By A. N. McGregor, M.D., F.F.P.S.; Chas. Workman, M.D.R.U.I., F.F.P.S.

A Case of Persistent Aberrant Thymus. By. E. W. Sharp, M.B., Ch.B.

A Saccular Dilatation of the Small Intestine. By Edmund Cautley, M.D., F.R.C.P.

Pneumothorax due to Muscular Exertion in a Healthy Lad. By W. Gifford Nash, F.R.C.S.

Cases of Stomatitis and Tonsilitis in which Vincent's Spirochæta and Bacillus were Present. By W. H. Harwood-Yarred, M.B., B.Sc., and P. N. Panton, M.B.

Notes on a Case of Addison's Disease, Rapidly Fatal, with Symptoms of Acute Toxæmia. By H. C. Lecky, M.A., M.B., B.Ch.

A Method of Removing Carcinoma of the Ascending Colon. By Frederick D. Bird, M.B., M.S., M.R.C.S.

Malta Fever in India—Isolation of the Micrococcus Melitensis from the Milk of a Domestic Goat in the Punjab. By W. H. C. Forster, M.B., C.M., D.P.H.

On Physical Training in Schools. By W. P. Herringham, M.D., F.R.C.P.

A Case of Iliac Abscess; Death from Acute Spinal Meningitis. Three Cases of Sarcoma of the Femur.

BRITISH MEDICAL JOURNAL, Feb. 17th (429, Strand; 6d.; postage, ½d.).

An Address on the Relation of the Medical Profession to War. By Surgeon-General A. H. Keogh, C.B.

Clinical Remarks on a Case of Tuberculous Disease of the Lungs and Larynx, showing the Need for the Compulsory Notification of Phthisis. By Byrom Bramwell, M.D., F.R.C.P.Edin.

Clinical Observations on Some Acute Abdominal Disorders, which Resemble in their Symptoms Acute Intestinal Obstruction. By George Heaton, M.B., F.R.C.S.

An Address on Stagnation of Food in the Stomach. By Alexander McPhedran, M.B.

A Review of a Series of Operations for Cancer of the Stomach. By B. G. A. Moynihan, M.S., F.R.C.S.

On the Treatment of Perforating Typhoid Ulcers. By Francis L. A. Greaves, F.R.C.S.

Notes on the Treatment of Diphtheria. By T. Basil Rhodes, M.B., B.S.Durh.

Hypertrophy of the Pylorus with Stenosis, Successfully Treated with Thiosinamine. By Eber Caudwell, M.R.C.S., L.R.C.P. Obstruction of the Bowel Produced by the Appendix. By R. W. Leeming, M.D.; and Mitchell Innes Dick, M.B., Ch.B. Antidiphtherial Serum by Mouth. By A. M. Pilcher, M.B., Ch.B. Impaction of a Hatpin in the Male Urethra. By H. Taylor, M.D., F.R.C.S.Edin.; and Arthur G. Johnson, L.R.C.P. and S.Edin.

OPHTHALMIA NEONATORUM

By Charles H. Miles, L.R.C.P. (Lond.)

(Recognised Teacher of Midwifery for the Central Midwives Board Examinations).

THE question as to the treatment of the above important disease having come under discussion of late, I thought it would not be out of place again to review the subject briefly, and to lay down a few practical details with regard to its treatment.

Now, as it is always best when considering any disease, to first get a clear and correct definition of it, we will therefore begin by answering the question: *What is ophthalmia neonatorum?*

It can be defined as an acute, infectious, and purulent inflammation of the conjunctiva in the new-born child, characterised by swelling of the eyelids, redness of the conjunctiva, and the presence of a yellow purulent discharge.

This discharge is highly infectious, as in many cases (not in all) it contains the gonococci.

Now as to the cause of the disease.

The disease owes its origin to direct infection from the vaginal secretions, and this infection may take place during its passage through the parturient canal, or directly afterwards, from improper and careless washing of the infant's face. In my opinion many cases can be attributed to the latter cause.

The glorified baby-washer of classic type, the lady Gamp of historic fame, is still in our midst, and is still in blissful ignorance of germs and infection, and treats with contemptuous scorn the new-fangled ideas (as she terms them) of the trained and enlightened modern midwife. Thus, this fussy midwife still washes the baby after her own style, and more often than not dabs into the child's open eyes the sponge covered with vaginal secretion, or she may even use the same sponge to wash the baby with that she has already used for the mother. Thus it is that infection sometimes occurs during the washing of the infant.

The symptoms.

The disease usually commences on the third day after birth. This fact proves conclusively that infection either takes place during labour, or directly afterwards.

First, there is a little redness, especially noticeable at the canthi, a slight discharge, and adherence of the lids. In a few days the lids become swollen, the conjunctiva inflamed, and on separating the lids, a yellow purulent discharge escapes.

If the condition remains untreated, the adherent lids prevent the escape of the pus, and the conjunctival sac becomes enormously distended, the cornea is bathed in pus, and ultimately becomes softened, gives way, and leaves the eye irreparably damaged.

Prognosis.

If early and persistent treatment is carried out the majority of cases clear up with little or no damage to the eye, but if the disease is very severe, and infection is really due to the gonococci, and early treatment is neglected or imperfectly carried out, there is great danger of corneal ulceration and sloughing, terminating in complete blindness.

Preventive treatment.

In every case of labour where an infectious vaginal discharge is present or even suspected, an *antepartum* antiseptic douche should be given, and the vagina thoroughly cleansed before the head enters the parturient canal. On the birth of the head the eyes should be kept covered during the washing of the child. The eyes should then receive careful attention. The lids should be thoroughly washed with a piece of lint, soaked in warm boracic lotion, and dried. Then the eyelids should be separated and the margin of the lids carefully cleaned; afterwards the eyeball should be well flooded with warm boracic lotion, so as to wash out every fold and crevice of the conjunctiva; lastly, a few drops of any of the following lotions may be dropped into the eye from a glass drop bottle, or drop tube.

With regard to the use of germicides in treating this disease, we should remember a few elementary facts relating to their action and usage.

First, there is the time required to kill the germs.

Secondly, the strength of the solution necessary to kill or arrest the growth of micro-organisms without injuring the tissues to which it is applied.

Thirdly, in order to obtain the best results from disinfectants, it is always best to wash the parts thoroughly before application; this precaution leaves a clear field for the action of whatever remedy is used.

The disinfectants or germicides most useful and effective in ophthalmia neonatorum are as follows:—

Zinci chloridi	... ...	grs. ii.
Aqua destil.	... ...	℥ i.

Misce.

This lotion to be used three times daily.

Some authorities place reliance in the chloride of zinc lotion, and use no other, only varying it from time to time in its strength. I am a believer that in the multitude of antiseptics there is safety, so that if the disease is not progressing favourably, I change from one germicide to another.

The following is useful in some cases:—

℞

Hydrarg. perchlor.	...	gr. i.
Vinum opii	... ..	ʒ ss.
Aqua destil.	... ...	℥ viii.

Misce. Use twice daily.

Or, ℞

Argent. nitratis ...	...	gr. v. to x.
Aqua destil.	... ...	℥ i.

Misce.

Use twice daily after washing with boracic lotion; five minutes after using the strongest lotion of nitrate of silver, the conjunctiva should be bathed in saline solution.

Formalin, 1 in 200 to 500.

Use once daily in virulent cases.

N.B.—Formalin is a very powerful germicide; it is very penetrating, and causes intense smarting when applied to mucous membranes; therefore, before using this drug it is always necessary to anæsthetise the parts to which it is going to be applied with a solution of cocaine. It is stated that 1 in 1,000 of formalin will destroy any germ, and even 1 in 30,000 will arrest their growth; the bacilli of anthrax can be destroyed in thirty minutes by a strength of 1 in 3,000.

It will therefore be seen how valuable this drug is in cases of infective disease of the cornea and conjunctiva.

With regard to the use of powders dusted over the conjunctiva, I may say that I have great confidence in calomel and iodoform. A useful lotion is—

Zinci sulphatis ... ... gr. ii. to x.
Aqua destil. ... ... ℥j

Used thrice daily.

Or,

Alumen ... ... gr. v.
Aqua destil. ... ... ℥j

Misce.

Use three times daily.

These are more suitable for the less serious cases where astringents are indicated.

Other remedies are:—Argonin, three per cent. solution. Protargol, one to two per cent., and salicylic acid, ten per cent. in a solution of alcohol. Saline solutions can also be used to wash the eyeball with.

N.B.—Do not rely upon boracic lotion in the treatment of ophthalmia neonatorum, because boracic acid in itself is a feeble germicide, and at the most is only suitable for its soothing and cleansing properties, and not for its disinfecting action in such a serious condition.

To recapitulate, the important points to remember are these:—Vaginal antisepsis in suspected cases; care in washing the infant; early recognition of the disease; precautionary measures, where one eye only is first attacked, to protect the other; frequent flushing of the conjunctiva before applying the germicide; and last, but not least, the thorough and persistent use of the germicide chosen.

THE WESTMINSTER TALLIE

At Westminster Hospital nurses have long felt the need of something to replace the cardboard label formerly used for the marking of specimen jars. This need has at last been supplied. At the suggestion of one of the sisters (hence the name of "The Westminster Tallie"), a small metal clip enamelled black with white numbers has been made. The clip is easily adjusted to the top of the specimen jar, and the number is clearly seen, rendering any mistake impossible.

These clips are very practical, not only in the saving of time but in their neat and clean appearance, and others may be glad to benefit by the sister's suggestion.

NOTES ON STERILISING

(Quoted from the "London Hospital Gazette.")

The question of the sterilisation of instruments, ligatures, and dressings is always a troublesome one to those starting in practice, and to meet this difficulty I purpose in the following notes to give not only the methods adopted at the London Hospital, where this work is carried out on an enormous scale, but a few methods more adapted to private practice, with some little "tips" which we have found of great service.

Little difficulty is experienced in sterilising instruments. They are simply boiled for five minutes in a 1 per cent. solution of carbonate of soda. The addition of the soda slightly increases the temperature of the boiling water, and at the same time prevents, to a great extent, the formation of rust on steel instruments.

As early as possible after use the instruments should be scrubbed in hot soap and water, boiled, and placed in methylated spirit, from which they may be the more easily dried.

One point worthy of note is that aluminium instruments should be boiled in water only; they lose a considerable proportion of their weight if boiled in soda solution.

As regards the type of instrument steriliser, it matters little, for instruments can be equally as well sterilised in an ordinary enamelled fish-kettle over a gas ring, as in the most elaborate steriliser obtainable: the vessel, however, should be long enough to accommodate say midwifery forceps, and of such a depth that the instruments may be entirely submerged during the process of sterilisation.

For hospital practice, where sterilisers are so constantly in use, there is no doubt that those heated by pressure steam are far in advance of the spirit, gas, or even electrically heated ones, if only for the following reasons; they give off no smell; they heat more rapidly (half a gallon of cold water is raised to the boiling point in one minute); and—would they were used in some of the wards! they cannot possibly "burn out," as those heated by gas do, if left unattended.

Needles may be boiled with the instruments for each case, but it is more convenient to have a stock of these all ready sterilised by boiling in soda solution, and kept under 5 per cent. lysol in methylated spirit, in a small round glass box with a ground-on lid; needles which have been taken out for use being reboiled before returning to the stock box.

There is much diversity of opinion as to how knives should be treated in order to render them aseptic, and at the same time retain their keenness. We have found the following method answer admirably. The knives, each held separately in forceps, with the cutting edges uppermost, are plunged for twenty seconds into a 1 per cent. solution of soda, at temp. of 212° F. (slightly under the boiling point), and then carefully placed in racks under 5 per cent. lysol in methylated spirit.

The sterilisation of ligature and suture material presents considerably more difficulty, especially where catgut and kangaroo tendons are being dealt with. We will, however, take the more easily sterilised ones first, and come on to the difficult ones later.

The silkworm gut used in this hospital is of different colours; this is not any new scheme of decoration, but is only a little "dodge" for quickly distinguishing the different thicknesses of gut. The colours, which are obtained by steeping the silkworm gut in spirit solution of aniline, are from the finest—blue, green, pink, purple.

It may interest you to know that the finest is three times, and the stoutest four times, as expensive as the intermediate sizes.

The method of sterilising is quite simple. The gut, twisted for convenience into coils of ten strands, is placed under running hot water for a few minutes to remove the excess of colouring matter; it is then boiled in water for ten minutes, and kept ready for use in 5 per cent. watery solution of carbolic.

If kept in spirit, the gut is rather inclined to become brittle; and, where the colouring dodge is used, the spirit will quickly extract the dye.

Silkworm gut is bought in bundles of 100 strands each.

Silk, that known as Chinese twist, is supplied in hanks, which are tightly whipped round with silk throughout their entire length. We have found that if the hanks are boiled in this condition, and the silk afterwards wound on to reels, there is always a considerable kinking of the silk during use.

The most satisfactory way is to unwrap the whole of the silk whipping; roll the hank loosely in gauze, and boil in water for twenty minutes; drop into rectified spirit for a few minutes to extract as much water as possible, and wind on to glass reels; again boil in water for ten minutes, and keep ready for use in absolute alcohol.

Silk quickly deteriorates in strength if kept in watery solutions of carbolic or other disinfectant.

To avoid the rotting of the silk consequent upon repeated re-sterilising of that which is taken out for use, we wind only three or four yards on to each reel.

It is a good plan to keep reels of a definite colour for certain sizes of silk, for instance:—

No. 0 amber reel.	No. 1 white reel.	No. 2 blue reel.
No. 3 do. do.	No. 4 do. do.	No. 4½ do. do.
No. 5 do. do.	No. 5½ do. do.	No. 6 do. do.

By this means, a reel of any desired thickness of silk may be readily picked from a stock jar containing all sizes.

Silk, by the way, is sold by weight, the length in each hank therefore differing with the size.

Horsehair, thread and celluloid thread are boiled in water for ten minutes and kept in 5 per cent. solution of carbolic, but it is better, where possible, to keep these materials dry, and boil immediately before use.

(*To be continued.*)

THE POINT OF CONTACT

By E. Margaret Fox.

"I *CANNOT* work under Sister So-and-So any longer. She is always down upon me!"

Goaded beyond endurance by the innumerable pin-pricks of a harassing day's work in a busy ward under a quick-tempered or nerve-exhausted sister, a probationer, sometimes in desperation, makes her way to the matron's office, to pour out her complaint to an official ear.

"Nothing I do is ever right; everything that goes wrong in the ward is put down to me. If a thermometer is broken, an air-cushion injured, a feeder left dirty, a patient's clothes missing, or anything forgotten, sister always thinks I'm to blame. I cannot sweep properly, or wash up right, or make a bed, or wash a patient. I am always being scolded for what I don't do, as well as for what I do. Sister never finds fault with the others as she does with me. If I am a minute late, she speaks about it. I can never be quick enough, or tidy enough, or quiet enough, to please her. No matter how hard I try, I am always wrong, and always in disgrace. I cannot work with her any longer, and do please move me to another ward."

Some or all of these grievances usually form the burden of the probationer's complaint when she happens, either from fault or prejudice, to be the scapegoat of her ward.

Of course there are some people who are born with a grievance, so to speak, and would not be happy without one, but apart from that there are, I think, many nurses who have at some period of their training occupied, deservedly or otherwise, this very undesirable position of scapegoat. As soon as they enter the ward for the first time, they feel instinctively that the sister in charge dislikes them, and this feeling henceforth paralyses and stultifies all their subsequent efforts to please. It may be scoffed at as nonsense, and the sufferer bidden not to be "touchy," and to take things as they come. She herself may strive to shake off the impression and to act as though it did not exist, but it *is* there all the same, and it is certain that while some people have the divine art of bringing out the highest and best there is in us, others always seem to show us, both to ourselves and others, in our worst, weakest, and most unbecoming light, and so showing, to glorify themselves at our expense.

Now, why is this so? and how is it possible to overcome what is a very real difficulty in the nursing administration of our hospitals? It is quite a common thing to hear in the matron's office, when she and her assistant are planning out the distribution of the staff to the wards, at the monthly or quarterly change of nurses, something like this:—"It will never do to put Nurse So-and-So in that ward. She was there for a few days not long ago, and did not get on at all well with the sister. It is a pity, because they are really both quite nice women."

Sometimes, no doubt, the fault is entirely on the side of the probationer, who lacks altogether

the necessary qualities for a successful nurse; and sometimes, but not so often, it is the fault of the sister. I say "not so often" advisedly, less from the idea of upholding an established authority at the expense of justice, than from the fact that the sister is necessarily a tried and proved article who has been in the habit of teaching and training others for a longer or shorter period as the case may be. Therefore she has a certain amount of ability and experience on her side which the probationer has not, and, moreover, the best of probationers cannot fail to be anything but a care and an anxiety instead of a help, on their first introduction to hospital life.

In many cases, however, it is the old story of fault on both sides. Each may be excellent in her way—the sister ready and willing to teach, the probationer longing to learn and eager to assimilate every fresh bit of knowledge—yet both failing to get the best out of each other, or to develop one another's good qualities, for lack of finding what mathematicians term the "point of contact" in both.

What is the "point of contact"? That is for each to find out for herself. The dictionary definition of the term is "the point where a curvilinear touches a straight line." The wider meaning is—tact and sympathy. "There are," says Sterne, "a thousand unnoticed openings which let a penetrating eye at once into a man's soul." Look out for these openings. The two natures are sure to have some point alike, some taste in common, or, to be technical, some joint where one can be the ball and the other the socket.

I knew a probationer once, careless, idle, *trying*; but she could draw, and also print nicely. This her ward sister, a bit of an artist herself, by chance found out one day, and gave her the labels to print afresh. The result was that the nurse became interested in her work, felt how pleasant it was to be praised instead of scolded, and carried her efforts into other things, so that soon a better understanding grew up between them. Their mutual artistic sense became their "point of contact."

Another, who gave trouble with a sharp tongue and touchy ways, was discovered by a tactful sister to have a perfect genius for ward decoration. Over preparations for Christmas they became friendly, and afterwards the daily arrangement of the ward plants and flowers was given to that nurse, with the happiest results.

I remember a nurse of many years' standing telling me once her experiences under a certain sister, in whose ward she had, for about three weeks, the most wretched time imaginable, owing to the sister's irritability of manner and prejudice against herself.

Being a sensible woman, however, and possessing great tact and forbearance, she did not ask to be moved from the ward, nor proclaim her grievance to everyone who would listen, but set herself steadily to find out something that sister *would* like, and before long found it.

There was a baby in the ward, and sister loved it. It was the duty of the junior probationer to look after this child, and two or three previous ones had done their work badly, and neglected to keep it nicely, without constant supervision. Hence sister had grown suspicious and exacting. But when she found that this nurse loved little children as well as she did, and, what does not always follow, loved them with a love that kept this baby always sweet and clean, with curls a-shining and tied up with fresh ribbons, her heart softened towards her, and over the white-curtained cot, as has happened over and over again in this old world of repeated histories, to so many men and women everywhere, these two found their "point of contact."

THE UBIQUITOUS MILK-PUDDING

How often, since I have been doing private nursing, have I been in houses where a milk-pudding was the only form of light diet to be had; and that made in such a manner that any self-respecting cat would turn up its nose at it. There is usually a stage when the patient wants something more than milk, and something less than a mutton chop. The following are a few recipes I have found useful, mainly because they *do not require much skill or time.*

Beef Tea.

Most nurses have their own special beef tea recipe; for those who have not the following is very good:—

Beef ½lb., mutton ½lb., veal ½lb.

Cut up very small, removing all skin and fat. Put into a jar with one pint of tepid water and half a saltspoonful of salt, let it stand an hour, stirring occasionally; then place the jar in a saucepan of cold water, let it come slowly to boiling-point and keep just about, or below that point for four hours. Stir the meat two or three times. Strain and skim before serving.

Chicken Tea

can be made in the same way.

Tea.

Ordinary tea, made with boiling milk instead of water, is usually appreciated.

Milk Diet.

A good way of making a change in a milk diet is to give—

Two tablespoonfuls of cream well beaten with a quarter of a teaspoonful of ground ginger; and five or six ounces of hot milk.

Benger.

When making Benger's, or any other milky food in large quantities, it is a good plan to cover closely the vessel in which it is kept. If in a jug, a clean cloth can be made to fit like a cork. This prevents the thick skin, which consists of the cream of the food, from rising. It is unpleasant to have it floating on the food. I find that most people can take Benger and Plasmon made with half milk and half water, and from one to two ounces of cream added to the pint. It is

easier to digest, and the cream often does away with the necessity for aperients.

Steamed Custard.

One egg, one teaspoonful of sugar, a teacupful of milk, flavouring. Beat the white of the egg well on a plate with a knife. Beat the yolk with the sugar and milk, add the beaten up white of egg and any flavouring that is liked (lemon peel, vanilla, almond or nutmeg), and pour into a small basin or breakfast cup well buttered. It may be cooked in a steamer, or set in a saucepan of hot water. In the latter case, the water must only reach about half-way up the sides of the cup, and must *never* come to the boil, or the custard will curdle. It will take about twenty minutes to set, but should be watched carefully. Note: when using eggs, be careful to take out the white stringy pieces.

Egg and Lemon Jelly.

Half a pint of water, one ounce of isinglass, ¼lb. of lump sugar, two lemons, three eggs, half a pint of milk. Pour the water on the isinglass; when dissolved make it lukewarm. Grate the rind off one of the lemons with lumps of the sugar, pour the juice of both lemons over the sugar to melt it. In a third basin beat up the eggs and add the milk. Mix the lemon and sugar with the dissolved isinglass, then add the egg and milk. Strain and pour into a wet mould.

Buttered Eggs.

This dish is usually made with so much butter that an ordinary patient cannot digest it. It is much lighter if made as follows:—

Beat up one egg, add three tablespoonfuls of milk, and a little pepper and salt. Put in a small saucepan a piece of butter the size of a small nut; when the butter is melted pour in the mixture and stir constantly till it begins to thicken. Serve on thin toast.

Macaroni and Tomatoes.

Stew some macaroni (about two ounces, broken small) in milk till quite tender. Pour boiling water over one large or two small tomatoes, and in two or three minutes remove the skin, which will then peel off quite easily. Break up the tomatoes with a fork—do not let steel touch them—add a little pepper and salt and mix with the macaroni. If the patient likes, and can digest it, a little grated parmesan can be sprinkled on the top. Put into a small pie-dish and bake for twenty minutes.

Lemon Solid.

Milk, one pint, sugar ½lb., gelatine ½oz., lemons two.

Soak the gelatine in a little cold water for three or four hours. Peel the lemons very thinly, put the peel with the sugar into half of the milk and allow it to boil. Add the rest of the milk and dissolved gelatine; when nearly cold add the juice of the lemons and pour into a wet mould. Note: the milk will turn into small granules.

Steamed Fish.

Put two fillets of sole, plaice or whiting on a buttered plate; cover with another plate of the same size, also buttered. Set on the top of a saucepan of boiling water. It will take about fifteen minutes to cook, but the time varies according to the thickness of the fillets. One can tell when it is done by the fish turning from a transparent to a milky white.

Fish Cream.

Cook some fish as directed above. Separate the flesh from the skin, pound it well and pass it through a sieve. Add seasoning and enough cream to make it of a pleasantly soft consistency. A little lemon juice and finely chopped parsley may be added. It may be served as it is, or if required hot place it in a basin in a saucepan of hot water.

Fish Scallops.

A dainty way of serving fish is to steam it as above, separate the flesh from the skin, break it up with a fork, and season to taste. Moisten with a little cream or beaten egg, and put into buttered scallop shells or, if those are not available, small saucers. Sprinkle over them very fine breadcrumbs, and put a tiny piece of butter on the top. Bake about ten minutes—less if the oven is very hot, as they must not be dried up. The shells are served in a folded napkin. The principal point to be observed in cooking dishes of this kind is very careful seasoning. Those who are accustomed to cooking for healthy people are usually too free-handed with the pepper-pot to suit the tastes of the sick. Simplicity and daintiness should be the watchwords in invalid cookery.

Shrimps.

I have several times had patients who have been ordered shrimps. It requires time and patience to free them from their scaly covering, heads, tails, and legs. Dissolve a little butter in a small fireproof china saucepan, put in the picked shrimps, stir over a slow fire for five minutes, add a little cayenne pepper. Set them on one side in the pan to get cold.

Honey-comb Pudding.

Milk one pint, gelatine one ounce, castor sugar three ounces, lemon one, eggs three. Soak the gelatine in a little milk, put the rest of the milk on the fire with the rind of the lemon thinly peeled. When the milk is hot pour it carefully on to the beaten yolks of the eggs, put back into the saucepan and stir over the fire until it thickens slightly. Add the dissolved gelatine, lemon juice, and whites of eggs beaten very stiffly. Mix lightly and turn into a wetted mould to set. Note: in hot weather a little more gelatine will be required.

Milk Puddings.

In making ordinary milk puddings, rice, sago, tapioca, and semolina, all require to be cooked for three or four hours. If eggs are to be added proceed as follows:—

When the pudding is well cooked thin and cool down with some cold milk and sweeten to taste. Separate the eggs, beating the yolks slightly and the whites stiffly and add to the pudding. Return to the oven and cook for five minutes. They should only be just set, as in a custard.

I have used these recipes for years and found them very useful.

M. H.

A VISIT TO SOME NORWEGIAN HOSPITALS

FOR a tired nurse—who is able to afford £14 or £16 for her holiday, and is *fond* of the sea—nothing can be more ideal and resting to mind and body than a tour to Norway, over sea and through *fjords*, far removed from the petty

THE "OVER-SISTER."

worries and vexations of everyday life, and beyond the reach of letters or even newspapers.

While I was training at the Royal Infirmary, Edinburgh, I worked for some time in a ward with a charming Norwegian girl, who had come to be trained as a nurse. She was very clever and got on extremely well, and is now matron of the medical side of the General Hospital at Bergen—"over-sister," as they call them in Norway. I wrote to tell her I was coming there, and hoped to see her, but to my great disappointment I found she had gone away to the mountains for her holiday of three weeks.

However, the matron of the medical side, who was German, most kindly took me all over the hospital, and explained everything in pretty broken English, while I tried to answer her in *very* broken German!

The hospital is very old, and much needs renovating. A few new wards have been added. The building, like all those in Bergen, is of wood, and is divided into several different parts, between which there is no covered way, so that the nurses have to go from one ward to another, in all weathers, with no protection from wind and rain. It rather gave one the idea of a camp-hospital, some of it being built in bungalow style.

The floors are so old that it is impossible to make them look clean and fresh, and they give one the impression of having once been stained, but never renewed. They have about 100 beds. There are fifteen day-nurses and four night-nurses; none too many, I should say, considering how scattered the wards are. The kitchen, also, is in a separate building, and looked very clean and bright, with its rows of large copper pans ranged along the wall.

When they have a specially hard case, and need an extra nurse, they have a woman in to sit with the patient, neatly dressed in black stuff dress and white apron, but to an English trained nurse this, of course, looks rather odd. The wards are nearly all square, with windows at two sides, opposite each other. Not more than six or eight beds, and often only three or four, in each. There was no uniformity of quilts as in all our hospitals, and the patients seemed to arrange and disarrange the clothes at their own sweet will. One man displayed with great pride a small Norwegian flag on a table beside his bed, being the *new* flag since Norway has seceded from Sweden.

A good many of the wards open on to the garden, where some convalescent patients were sitting under a shelter enjoying the sunshine.

The "over-sister" told me that the "over-doctor," or head surgeon, resides on the premises with two assistants, and he does all the operations, of which they seem to have a great many, and very successful ones.

TYPICAL NORWEGIAN SCENERY.

When calling at Bergen a week later, on our return, I determined to try and see the Leper Hospital, which I had not time to do before. I fortunately found that an English doctor on board was also anxious to see it, so we arranged to go together. It is situated in Bergen, about one mile from the town, and the tram passes the door.

The whole building is wood painted white, inside and outside, and accommodates about 180 patients. They have their own chapel, and there are good grounds for those able to enjoy them.

Dr. Lie has been there sixteen years, and is evidently a very clever man, and a great authority on leprosy. He told us there used to be several thousand lepers in Norway, but that they are now reduced to a few hundred, and he attributes this remarkable reduction to the enforced greater cleanliness of the people, also to the isolation of the cases.

He showed us a deeply interesting glass case with a number of reproductions, in wax, of various portions of the body attacked by this disease, in its various stages, and explained them all fully. The special form which attacks the nerves is frightfully painful.

The white painted wood gives an extremely clean appearance to the whole place, and it all seemed to be in first-rate order. Some of the patients were walking about, and one poor woman he pointed out to us as almost cured, that is, the disease had stopped at a certain stage, and would go no farther. But she was, of course, disfigured for life, and was to remain on in the hospital to be looked after. They keep them there for their lives in most cases, no matter how long that may be.

Another case, an old woman, was in bed, quite paralysed, and getting worse. The patients we saw were in separate rooms, a good large square apartment, with no furniture but the bed, table, and chairs, all white paint, very bare, and very clean.

We passed a large iron fire-screen in one corridor, which let down and shut off one part of the wooden structure from the other. The danger of fire in these wooden buildings must be very great.

We saw no nurses, and I believe the patients are mostly looked after by "suspects," men and women who are suspected to have the disease, and are kept under observation.

* * * * * *

The third hospital I saw in Norway was at Stavanger, a large seaport town of 32,000 inhabitants. This is a really beautiful building of stone, very up-to-date, and quite one of the best kept hospitals I have seen.

I went to this one by myself, on the chance of being allowed to go over it, and I met with the greatest kindness and courtesy. I entered a long corridor with white walls, and a little nurse with a mass of golden hair came up smiling and asked me to wait. Numbers of men in long white coats flitted about, and I imagined they were doctors and students. Presently I saw one man, like a student, bringing out a tray from a ward, with empty soup-bowls, evidently the patients' lunch. This struck me as odd, as our students never did that sort of thing, and I supposed they must be *men* "wardmaids"!

But I was soon enlightened. A sister in very neat and pretty uniform came up to me and said in good English that if I could wait fifteen minutes longer she would be delighted to take me over the hospital.

I waited in a charming little room, full of photos and pretty things, and when she returned I found she was the one person on the premises who spoke English. I quite lost my heart to her, she had such a sweet face, and seemed heart and soul in her work. She explained that several of the gentlemen in white coats whom I had seen were "gentlemen nurses," and had the entire charge of the nursing in the male wards. This interested me very much, as I have never heard of any general hospital in which they have such an arrangement. The only place in which I have seen male nurses being the Naval Hospital on Haulbowline Island in Queenstown Harbour, where they have *no* women nurses at all.

She took me into the theatre, which seemed a perfect one from every point of view. There were two theatres adjoining one another, one being used for ordinary aseptic cases, the other for septic cases. She told me also that *all* cases were, if possible, brought to these theatres for the daily dressing, *no* dressings being done in the wards, except where the patient was not fit to be moved. This struck me as, in some ways, an excellent arrangement, rendering the air of the wards far purer than it could be where open wounds are exposed and soiled dressings removed.

There were about 180 beds, and all the patients, male and female, when not in bed, wore blue cotton clothes belonging to the hospital. All patients in Norwegian hospitals pay so much a week while there, and if they are unable to do so, the town pays for them. I think this rule prevents the *abuse* that is made of hospitals in our country.

The women's ward I went into was quite delightful, all decorated in white, with white iron beds, so delightfully *high* that the longest back could not ache while attending at them. The ward was of the usual large square shape with six or seven beds, with windows on two sides, and dark green blinds and green linen curtains, which gave a pleasant, cool light.

The matron or "over-sister" met me in the corridor, shook hands with great warmth, and told the sister who was with me how sorry she was she could not speak my language.

Unfortunately, I was unable to pursue my investigations further, and we parted with mutual regret.

We hold a creed
Of deeper Pity, who know what chains of ill
Bind round our petty lives.

—*L. Morris.*

LEGAL ANSWERS

By a Barrister-at-Law.

Carrie B.—Of course, no stigma attaches to any plaintiff in an action or petitioner in a divorce suit seeking a verdict or judgment of their "quarrel just." A solicitor is entitled to ask you for out-of-pocket costs (Court and other fees paid by him on your behalf) incurred before the trial, but in the event of your success these will become payable by the defendant.

Nurse F.—The facts of your case are fairly clear. You entered into a nursing contract, by which you undertook to give your personal nursing services to a lady at the rate of two guineas a week, and for a fortnight certain. The lady, in a fit of temper, discharges you without just cause after three days. I advise you to bring an action against the lady (or, if she be married, against her husband) for the sum of four guineas, together with such further sums as you may have been compelled to spend on account of her conduct. Should you have travelled to the case, you would add the expenses of your journey, if the lady had agreed to pay them.

Sister M.—In writing to a lady who has enquired of you as to a nurse's character, you may make any statement you like about the nurse, as long as you honestly believe it to be true, and are acting in good faith and without malice. If this be so, you may write perfectly freely, for even though the statements you make are libellous and in reality are untrue, yet you are protected from legal action, and your letter is absolutely privileged. But it is only privileged if you are writing without malice and in good faith.

Bell.—I may tell you, in reply to your query, that the advertisements so often appearing in the newspapers to the effect that a husband will not be answerable for his wife's debts have no effect in law if the parties are already separated. But in your case, where, between your nursing engagements, you live with your husband, and your husband has been in the habit of allowing you to contract as his agent and pledge his credit, such an advertisement would amount to a withdrawal of that authority, and ordinarily would constitute a sufficient notice to tradesmen that you had ceased to be his agent for the purpose of pledging his credit.

Lady Superintendent.—No, certainly not; an unfurnished house is not warranted habitable, strange though that may seem to you. You must not forget, though I admit that it often is forgotten, that there is no *implied* duty on the owner of an unfurnished house to see that it is fit for habitation, or in a safe condition at the beginning of a tenancy, and no warranty as regards its state can be implied. Consequently, if you, the tenant, suffer injury or damage—or one of your friends or patients so suffer—from the state of the house, the owner cannot be sued for damages on the ground of negligence. If the owner has *expressly* warranted the habitable state of the house, then, of course, you would have a good cause of action.

WOMAN'S WIDER WORLD

"Industrial Training and Trade Schools for Girls" was the subject of the second lecture given under the auspices of the Women's Industrial Council, at Bedford College, and the speaker, Mrs. Oakeshott, inspector of trade classes for women, under the Education Committee of the London County Council, remarked, as did the first lecturer, on the want of foresight which makes girls go straight from the ordinary school into unskilled trades that offer no prospect of advancement, simply because a small wage is offered from the outset. On the other hand, many stayed at home to help the mother, but generally lost any habits of order and punctuality they had acquired at school, and gained no real domestic training. There were skilled trades for women and girls which were not only profitable, but developed individuality, technical skill, and an artistic sense. These qualities were not always lacking in the girls at school, and they ought not to be wasted. The old system of apprenticeships was not suited to the many sub-divisions of work in a trade at the present day, but it was proposed to revive apprenticeships in a new form, for a good workshop training was invaluable. Apprenticeship committees now existed in many parts of London. Another method, and one which was already established on the Continent, of giving industrial training, was being tried by the institution of trade schools. The first was opened at the Borough Polytechnic, and others at the Woolwich Polytechnic, and at some of the London County Council institutions. Expert workers taught the trades, and masters visited the schools once a month to inspect and criticise the work done by the pupils. Miss Hutchins gave the third lecture, "Factory Legislation at Home and Abroad," and made many hearts heavy with the story of the children's martyrdom in the factories of a hundred and fifty years ago. The blackest page in our social history was written then, at the time of the rapid growth of the cotton and woollen industries. Some superior people thought that the best way of checking pauperism was to utilise child labour, and manufacturers made fortunes out of the toil of destitute children brought in vanloads from the workhouses to the factories, where they were often subjected to barbarous treatment, and kept without any regard to cleanliness or sanitation.

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Councillor Lady Dockrell has been elected chairman of the Blackrock Urban Council (County Dublin). She is the first woman who has presided over any municipal council. By virtue of his office, the chairman of an urban council is entitled to become a justice of the peace, but it is doubtful if Lady Dockrell will be entitled to act in that capacity, although in Norway women may become justices of the peace.

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We are glad to note that the London County Council is to give still further encouragement to industrial training among girls by offering a limited

number of scholarships to provide training for two years in dressmaking, upholstery, or other skilled trades to girls leaving school. The candidates must not be under fourteen, or over sixteen years of age. The interest of the domestic girl, also, is well looked after, and eighteen free scholarships for training in cookery are offered. They will be tenable at the National Training School of Cookery, Buckingham Palace Road. All information can be had at the Council Offices, Victoria Embankment, W.C.

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The increasing drunkenness among women has been the theme of much discussion lately, and several impracticable suggestions have been made, such as refusing to serve drink before 11 a.m., or serving it only to those women who work for a livelihood. The advantages of these restrictions are not obvious, and those who know human nature know that it cannot be made moral by Act of Parliament. People will flock to the warm, bright publichouse, and, being there, they will drink; but if light, healthy beer were provided, with a sandwich to each glass, little harm would be done. In this connection it is interesting to read a report just issued comparing the brass-workers of Birmingham and Berlin; in the latter city women drink beer or coffee out of doors with their husbands and children, but drunkenness is almost unknown, and the homes are clean and well kept.

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There are two opinions with regard to the municipal feeding of school children: those who think nothing matters so long as a really hungry child is fed, and those who would rather leave it in hunger than lessen the always slack sense of parental responsibility among the careless poor. If, however, as seems likely, the guardians will proceed against those parents who can, but do not, feed their children, school meals will be an excellent institution. In a recent case at Bradford, sixty-one summonses were taken out against parents, and in every case the judge ordered the payment of the amount claimed in monthly instalments. In this way, without invading the workingman's much-vaunted sacredness of his home, the State will be able to enforce the proper feeding of children.

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An interesting article, in a Sheffield paper, on the conditions of women workers, shows that we are very far behind in caring for the health of the future race. No employer is "knowingly" to allow a woman to work within four weeks of her giving birth to a child, but it is impossible for him to be acquainted with the domestic afflictions of all his workers. Moreover, during the lying-in time, and after, no provision is made for the enforced loss of labour, while, even in Spain, employers are obliged to allow nursing mothers two half-hours off every day without deduction of wage.

SYMPATHY AND HAPPINESS

By Josephine Crosbie.

What is this Sympathy, this great comforter? Not, surely, a great noisy fellow who blusters around and makes long speeches, but a quiet, ever-ready friend who understands; yes, that is it—understands.

"I understand"—what a comfort those two words can be if sincere, and said in the right accent. They do not promise to help us out of our troubles, or to bear our burdens, for that would be robbing us of our Divine right, besides being in most cases impossible, for we must work out our own salvation, bear our own burden; but they show others' sorrow or sympathy, so that half the load, if it be not already lifted, is at least lightened, for it has made us braver, we feel happier, not so alone, someone else understands, sympathises.

I do not mean Pity, for Pity makes one weak, helpless; it takes away our fortitude, therefore is no blessing. Pity should be used for lunatics and drunkards only, but whilst we have our mind and will we need it not. But Sympathy helps us to bear the (seemingly) irreparable losses and troubles. There is a comrade with us, but *we* must do the fighting, bearing, pushing forward.

Or, maybe, this Sympathy does not speak, but as it sits by our side or hovers around doing a hundred kind unnecessary acts, we know and feel that it understands, and knowing this, out of our great gratitude we say to ourselves, "I must bear this burden bravely, if only for the sake of this my friend," be this friend man, woman, child, or animal, and so in our effort (and because we sympathise with the sympathiser) we forget ourself and sympathy has won the day.

"Happiness."

Happiness is the will-o'-the-wisp of life; the more we try to hold it, the more surely it evades our grasp. Even if we look at it too closely it vanishes; here to-day, gone to-morrow, or perhaps the next hour, and yet how much to be desired!

Money cannot buy it; position, friends, influence, neither can any of these keep it for us when we have it. Then how are we to make happiness our own and keep it?

By living a sensible, useful life, never grumbling, thinking of others, forgetting ourselves; setting up a high standard for ourselves, and trying to live up to it, by doing the duty which is nearest (the small ones equally as well as the large ones), then the next and the next, never worrying and wondering when we have done it whether it is well, but as we do it to do our very best, to put our whole heart into it, all our ability and energy, then to forget it and look out for more to occupy us.

Never to turn our thoughts inward and wonder if we are happy, or if our friends are happier, but to take it for granted that we are; by forgetting it we have it, by not examining it we keep it.

SHOREDITCH NURSES.

On Thursday evening, February 15th, the Shoreditch and Bethnal Green Nursing Association held their annual meeting in St. Matthew's Parish Hall to hear the sixteenth report of their work, which included 40,269 visits paid during the year 1905. The Lord Bishop of Stepney, who presided, in speaking of the kindness of the nurses, said that not one of his friends, rich or poor, had come through a serious illness without feeling next to his gratitude to God, gratitude to the nurse who had stood beside him in his hour of trial. His first meeting in Bethnal Green had been one to which the people of the whole district had turned out to show what their hearts felt for a departing nurse. However, nurses worked for love and duty, and scarcely realised the gratitude we owed them, and as Christ cared for bodies as well as souls, Christian effort would stop short in completing the work He came into the world to do if clergymen, doctors, and nurses did not all give their aid. The Queen Victoria Institute was one of the greatest boons of last century. He deeply regretted the necessity of reducing, owing to lack of funds, the number of staff nurses by one; it was a real loss that nothing else could supply.

Miss Amy Hughes said that she wished to say what was most helpful to them, and had, therefore, asked the superintendent, Miss Böge, to advise her. The subject might not be so interesting as discussing work, but it was more important—it was to discuss how work was to be carried on. Many would wonder why the Queen Victoria Institute could not give more money, but it was tied down by charter, and must spend its funds on the training of nurses. This Shoreditch and Bethnal Green Association was one of the largest training homes in London, and received a great proportion of the money, but it could not get more. Ireland and Wales had to be supplied, and some money had been given to the Scottish branch, and as more nurses continued to be called for, more money would be needed to train them. The nurses who left the homes moved on to carry further the lessons they had learnt there. The institute supplied the training, but the people must do the rest and help the Home, and this was to be done by the little regular sums. They were the backbone of a successful association. She would like to make a suggestion to help towards this groundwork of small annual subscriptions. She understood that there were many factories in the borough, and if each man in these agreed to give a halfpenny of his wages each week the result would be wonderful. She knew of a case where colliers did this, and supported two nurses, and kept a balance in the bank. Such a scheme would relieve the anxiety and trouble of the committee, which was proud of its Shoreditch home, its nurses, and the good done by them. In the name of the Queen Victoria Institute she thanked all for their help and work in nursing the sick, teaching the women to improve their homes, and to bring up their children, and for the good influence they had among the people.

Dr. Lewis Smith (London Hospital) spoke of the very great changes that had taken place during the last years in nurses, nursing, doctors, and medicine. The new medicine had its corollary in the skilled nurse, of whom doctors were proud. They required some one in their absence to carry out their principles and to prevent illness. The true nurse should be, first of all, a woman, in the second place a gentlewoman, and in the third a trained woman, and thousands of such were being turned out to-day to carry their work and skill throughout the country. If he were a woman and a nurse he would prefer to be a district nurse. Hospital nursing had its fascinations; those who went there were very ill, and many tragedies and dramas came to end there, but the nurse was not brought in touch with the sick patients in their homes. District nursing might be dull, and it was always hard, but it was the highest form that any woman could take up. She had the best chances of teaching the principles that make for good health, had opportunities second to none of spreading ideas of preventive medicine in the class that was the most receptive from the utilitarian point of view, she did the highest work for the people of England.

The report was adopted, and the meeting pledged to do its utmost for the association.

CLAPHAM SCHOOL OF MIDWIFERY

The second open examination of the Clapham School of Midwifery was held at the Clapham Maternity Hospital on Saturday, February 9th. It consisted of three parts: the writing of a paper (the questions subjoined) occupying from nine to twelve o'clock, followed by a *viva voce*, and, finally, by a clinical examination in the wards.

It is found to be of advantage to the candidates to have the whole examination completed in one day; and the fatigue of this plan was minimised by the fact that the candidates were supplied with hot milk and biscuits in the middle of writing the paper in the morning, and with tea in the afternoon, before the clinical examination, as well as having three hours for rest and food between the examinations.

The Clapham examination is intended primarily for midwifery pupils who, wishing to practise as fully-trained obstetric nurses in England, or as missionaries abroad, and not as district midwives, do not require to be registered as midwives, but *do* desire to possess some proof of having been trained in midwifery. Secondly, it is intended for candidates for the Central Midwives Examination who, in addition to becoming registered midwives, wish to be able to produce a certificate showing at which school of midwifery they were trained.

The names of twenty-two candidates were entered from various schools; but from illness and other causes, only nineteen presented themselves. Of these, four passed "with distinction" (*i.e.*, with above four-fifths of the marks), eleven "passed," and four failed to satisfy the examiners. The names of the successful candidates are as follows:—

Distinction list.—Miss Pye, Miss Oates, Miss Young, Miss Taylor.

Pass list in order of merit.—Miss Kelsey, Miss Banner, Miss Ogilvie; Miss Edworthy, Miss Firmin, Miss Woodruffe (equal); Mdme. Farjasse, Miss Fisher (Nora); Miss Beardmore, Mrs. D'Alton, Miss Hodges (equal).

Examination Questions, February, 1906.

1. What are the difficulties and dangers of a twin pregnancy?
2. What drugs are given in connection with labour? Which are poisons? When are they to be given? Give doses.
3. How would you deal with a premature baby (seven months) during the first month?
4. How would you prepare to make a vaginal examination, and what can you find out by it?
5. How would you manage a breech presentation in a multipara?
6. What conditions may lead to rise of temperature during the puerperal period; how would you distinguish between them?

QUEEN VICTORIA JUBILEE INSTITUTE APPOINTMENTS

Miss E. Myers has been appointed superintendent of the Sheffield District Nursing Association, affiliated to the Queen Victoria's Jubilee Institute for Nurses. Miss Myers was appointed a Queen's nurse in January, 1894, and since October, 1898, has held the post of assistant district superintendent at the Scottish Central District Training Home in Edinburgh.

Miss Helen Clayton has been appointed superintendent of the Kensington District Nursing Association, affiliated to the Queen Victoria's Jubilee Institute for Nurses. Miss Clayton was appointed a Queen's nurse in January, 1896, and has been superintendent of the Queen's Nurses' Home in Darlington and Southampton.

Miss Amelia Holbrook has been appointed superintendent of the Lincolnshire Nursing Association, in affiliation with the Queen Victoria's Jubilee Institute for Nurses. Miss Holbrook was appointed a Queen's nurse in January, 1899, holding various posts under the Institute. She is at present superintendent of the Stockport Nursing Association.

ROYAL MATERNITY CHARITY

AT the meeting of the Royal Maternity Charity of London, held in the Mansion House on February 20th, the Right Hon. the Lord Mayor presided. Archdeacon Sinclair, Mrs. Philip, and Lady Trelawney spoke when the more formal business of the meeting was disposed of. It appeared that this worthy charity is like so many more at the present moment, in need of funds. It was started as far back as 150 years ago, and as Mrs. Philip remarked in her brilliant and enthusiastic speech, "is a living memento to the chivalry of man."

A very practical and sensible suggestion was also brought forward by this lady, who hails from the Midlands, and has had much insight and experience by virtue of her work for the Mothers' Union. The secretary had previously referred to the efforts made during 1905 to augment failing funds; "instead of this wholesale advertising, why not watch the birth columns of the daily papers, and on the advent of a notable infant send a carefully worded appeal, as little like a circular as possible, to remind wealthy mothers that a thanksgiving tribute would be acceptable to those poorer sisters who depend on the wellbeing of maternity charities for the wellbeing of their little new-born children."

This suggestion was evidently much approved of by the twenty-four maternity midwives belonging to the charity, who in their blue and scarlet-lined cloaks gave an air of business and reality to the proceedings. It was interesting to note that the majority wore the medal of the Certificated Midwives' Total Abstainers League, of which more will appear in these pages later on. This charity has helped 2,804 mothers during 1905.

THE DANGERS OF DUST

"CLEANING the Home" was the subject of Dr. Somerville Hastings' lecture last week, and he spoke of dust as one of the great causes of the spread of disease. Carpets were difficult to clean, and it was inadvisable to allow children to play about on them. Dust from the street was a still greater source of danger, and care should be taken to bring in as little as possible on one's boots and shoes. Soap, soda, and hot water were the best cleaning agents, but sunlight and fresh air did a large share of the work. Germs could not live where there was an abundance of oxygen. Sunlight destroyed 98 per cent. of bacteria in one hour, and the most stubborn would yield in five hours.

Dr. Willoughby, lecturing on the "Calculation of Dietaries," said that people often ate too frequently. Personally he recommended an interval of six hours between meals, or at least a four hours' interval. The stomach must not only be emptied, but it must rest before beginning work again. Vegetarian food tables were misleading, as they dealt with foods in their bought state, and not when they were cooked. For example, beans absorbed a great deal of water in cooking, hence their nutritive qualities were reduced in proportion. Meat, on the contrary, lost water in cooking, and its nutritive properties rose in proportion to its bulk. Of all fats butter was the most easily digested, and melted bacon fat was an excellent substitute for cod-liver oil.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

THE following ladies have received appointments as staff nurses:—Miss M. E. Brewer, Miss M. Darvill. *Postings and Transfers Abroad*:—Sister: Miss C. K. E. Steel, to Wynberg, Cape Colony, from Harrismith. *Postings at Home*:—Staff Nurse: Miss A. B. Cameron, to England from Wynberg, Cape Colony, on expiration of tour abroad; Miss M. G. Fisher, to Royal Victoria Hospital, Netley, on appointment. Sisters: Miss J. Hoadley, R.R.C., to Cambridge Hospital, Aldershot, Miss F. M. Hodgins, to Connaught Hospital, Aldershot, Miss S. I. Snowdon, to Military Hospital, Dover, on return from South Africa.

NOTES FOR MIDWIVES

THE annual report of the County Medical Officer of Health for Middlesex, Dr. F. Young, shows that the work involved under the Midwives Act is no sinecure in this county, especially as up to the present Dr. Young has carried on the duties of inspector single-handed. The appointment of an inspector, which is now being made, comes, indeed, none too soon.

THE report gives the number of certified midwives in the county of Middlesex as 312, though, from various sources, the names and addresses of 273 women over and above these figures, known or believed to be in practice as midwives, had been obtained. Notification of being in practice had so far only been received by the Local Supervising Authority in the case of something under a hundred midwives, but this number is increasing. Up to the time of publication of the report, Dr. Young had paid 472 visits to midwives, "partly for the purpose of supervising and examining the books and appliances of these women already certified, and partly to explain the provisions of the Act to those who were already in practice at the passing of the Act, but had not yet been certified." It is noted that only three of the certified women are entirely unable to write, but many of them need considerable instruction in elementary matters with regard to the use of disinfectants and of the clinical thermometer, and as to the meaning of the C.M.B. rules. It is satisfactory, however, to know that, as regards those cases of puerperal fever reported, the proportion occurring in midwives' cases has only amounted, one year to a third, in another to a fifth, of the whole. Dr. Young has taken special measures to ensure the notification to himself by the district medical officers of puerperal fever occurring in the practice of midwives within his area.

IN dealing with this question of puerperal fever, Dr. Young quotes from a special report by Dr. Simpson, Acton M.O.H., who notes that in three cases in his district there was reason to believe that the patients were infected by the "nurses" in attendance, these being ignorant women "calling themselves nurses," and at present untouched by the law. Such women who go out monthly nursing do not come under the provisions of the Act; "they attend cases in which a medical practitioner is engaged, though it no doubt happens that he is not always sent for in time to be present and attend the birth." This does, indeed, occur with suspicious frequency in some districts.

THE close relation between district nurses and midwives and that much-desired improvement in the national health and physique which so many organisations are now working to secure, will be admitted by everyone knowing anything of the lives of the poorer classes. Mrs. Hobhouse, in a recent letter to a West of England paper, draws attention to the results achieved in this direction by the efforts of the committee of the Kingswood and District Nursing Association, by whom a supply of trained midwives was started in Wiltshire. The infant mortality in the district was found to have decreased by one-third after these midwives had been at work for eighteen months, a fact in the opinion of the Medical Officer of Health almost entirely due to the care and attention bestowed upon the infants, not only during the first fortnight of their lives, but also by advice and help given to the mothers as to the best methods of feeding and tending their children. Mrs. Hobhouse says: "There still remain, I believe, some parts in Bristol and its neighbourhood where the trained midwife is non-existent, and where prejudice prevents her employment. Anything that can be done by public authority, or private energy, towards the introduction of this skilled help and the removal of this prejudice will surely do more good to the rising generation than any other means of physical improvement."

INDIVIDUALS die!—but the amount of truth they have taught, and the sum of good they have done, dies not with them.—*Mazzini.*

FOOD EXHIBITION

AMONG the varied exhibits at the Institute of Hygiene, 34 Devonshire-street, are many articles of interest to nurses, and especially to those who are trying to solve the ever-present diet problem. The "Veda" bread, exhibited in various forms, is especially interesting as containing soluble starch, so that it can well be recommended for invalids.

Specially worthy of comment in view of the cases of ptomaine poisoning are the preparations which, by a careful process of sterilisation, can be indefinitely kept, although there is not the slightest trace of artificial preservative in them. Among these preparations are the "Kuvia" potted meats, and the jams made by Messrs. Beach and by Messrs. Robertson, of Paisley.

The vegetarian world is represented by some very appetising nut rolls made by the London Nut Foods Company, of Battersea Park Road. These rolls are crisp and tasty, and prepared in such a way that they are easily digested. "Bananine" and "Banana Flour," which are made from the fruit, can be used for many pleasant dishes, and are authoritatively stated to contain exactly the same amount of nourishment as an equal weight of beef-steak. They are made by Messrs. W. A. Jones, of Liverpool.

The Aylesbury Dairy Company are showing "Humanoid," a condensed form of humanised milk which contains no precipitate of fat, while the excellent dried milk which comes from far-away New Zealand is exhibited by a firm in Fenchurch Street. This dried milk has the taste and properties of fresh milk, without the disadvantages of contamination and the possibility of scurvy.

Cocoa, which is a more healthy drink than either tea or coffee, is found unappetising by some people, especially by invalids, and to obviate this Messrs. Stollwerck have added to a fine cocoa an extract of acorn prepared by medical authority, which gives a pleasant, appetising flavour.

Many other interesting foods and appliances can be seen at the exhibition, to which we advise all our readers to go. The price of admission is 6d., and there is a charming tea-room attached.

DUST-PROOF FURNITURE

THE furniture with which the rooms of the King's Sanatorium, now rapidly approaching completion at Midhurst, are to be arranged presents some features of general interest to those who have to deal with patients. At the back of the mind of those responsible for the arrangements at the sanatorium is the notion that the place must be, so far as is compatible with modern hygienic principles, as much like home and as little like a hospital as possible. So the furniture is to be in suites, and Messrs. Heal and Son, of Tottenham Court Road, in designing it, have aimed at avoiding any trap for dust, and at making it possible readily to clean every part. The wardrobe is made with a smooth semi-circular top; dressing-table and washstand have glass surfaces which can be wiped in a moment. The interior of the cupboards and drawers have rounded corners. The economy of labour gained in these ways must be a notable lightening of the work of those who have to keep the rooms cleaned and dusted. One feature might with advantage be carried into every home, a linen bag which hangs by loops in a special wooden framework. All soiled clothes can be placed in it, and the bag is then simply lifted from its support and sent with its contents to the laundry, never to be opened until it arrives at its destination. In this way unnecessary handling of the clothes is avoided, while the appearance of the bag on the stand is neat. The new furniture, as a whole, has such obvious advantages that we should not be surprised if it were widely adopted in private houses. Messrs. Heal will be pleased to show the furniture to any nurse who wishes to see it.

THE Trained Nurses' Fund has just issued its 31st report, and makes an urgent appeal for more support.

NURSES' DRESSES.

MR. CHRISTOPHER WILLIAMSON, of 91 Edgware Road, has sent us some excellent patterns of material for nurses' dresses, in a great variety of colours, which he guarantees will wear well and not fade. He supplies all shades of blue, both plain and striped, mauve, pink, green, and an excellent grey material called "Wynberg Regatta"; it is a good strong make, very suitable for nurses' dresses, as it washes well, keeps its colour, and does not get limp.

Nurses know how difficult it is to obtain really reliable material for washing dresses. It may look nice when new, but may be competely spoilt after one or two visits to the laundry. We hear, however, there is a great demand for Mr. Williamson's materials, as they are reliable and well made, and wash better than the generality of these goods.

NEWS ITEMS

THE typhoid epidemic at LINCOLN has cost over £12,000. Among numerous heavy items one of over £3,315 for nurses' fees and travelling expenses gives one an idea of the large number of outside nurses that must have been employed during the epidemic.

THE CARLUKE DISTRICT NURSING ASSOCIATION has just been enriched by a legacy of £500, bequeathed by the late Major-General D. B. Lockhart, which is to be applied, if other necessary funds are forthcoming, to the erection of a cottage hospital for the town of Carluke. Should, however, this not be the case, the money is to be invested, and the interest applied to the funds of the association.

AT a recent examination of probationers at the WEST BROMWICH WORKHOUSE INFIRMARY, Dr. Robert Simon, physician to the Birmingham General Hospital, who was the examiner, expressed himself astonished and delighted with the proficiency and accurate knowledge of the seven candidates who were presented. Each nurse was examined in *viva voce* on questions of medical and surgical nursing and massage, and also had to write a paper on these subjects. Much credit is due to those in authority for this knowledge on the part of the candidates, for it is only a really thoroughly good training that will carry a nurse through written and *viva voce* examinations. The seven successful candidates, Nurses Jones, Turner, Barnbrook, Shirte, Webber, Darby, and Spooner, have been awarded certificates.

THE annual meeting of the KINGSTON-ON-THAMES NURSING ASSOCIATION was recently held. There has been a slight increase in the subscription list during the year and also in the donations. This latter is chiefly owing to the energy of the nurses. Sixteen patients have been nursed in the home, and eighty-three of the cases have paid for the services of their nurse. The committee were unanimous in expressing their gratitude and appreciation of the services of Nurse Glynn, and the whole of the nursing staff, for the manner in which they have carried on the work for the past twelve months.

THE negotiations which have been in progress for the amalgamation of the Moffat Hospital Trust and the Nursing Association are, we learn, now satisfactorily arranged, and the two institutions will be henceforth under one management. The Nursing Association has been doing excellent work for the past fourteen years, and now in conjunction with the Cottage Hospital, the new buildings for which have nearly reached completion, this work should be very materially increased in usefulness.

THE annual meeting of the NOTTS NURSING FEDERATION took place recently under the presidency of Mrs. Hoskyns. There was a large gathering of representatives from the various districts. The report shows that during the year there have been some changes in the working of the several branches. Miss Ross, who formerly acted as in-

spector of midwives under the County Council, brought this very useful part of her work to a close in the autumn, when a lady was appointed to give her whole time to this duty. Miss Ross still continues her duties as county superintendent, for which she seems specially fitted, having gained great experience of the needs and shortcomings of district nurses. The work of the federation shows that much has been done by the nurses and the midwives, who gained high commendation from Miss Hughes on the occasion of the inspection; she said she "had nothing but praise to bestow on the work of the federation." It is a matter of regret that the nurses do not see their way towards more liberally supporting the pension fund. This is a scheme with such manifest advantages that it is a wonder more are not glad to avail themselves of the benefits which it offers.

A lecture on matters concerned with the nursing of surgical cases was recently delivered before the members of the Irish Nursing Association. The lecturer, Mr. W. J. de C. Wheeler, visiting surgeon of Mercer's Hospital, gave a most interesting and instructive address, which was listened to by a crowded audience. At the close of the evening a vote of thanks, proposed by Miss Joy, and seconded by Miss Potter, was conveyed to Dr. Wheeler by Mrs. Kildare Treacy, superintendent of the City of Dublin Nursing Institution, who had acted as president at the meeting.

The great increase in the work of the Essex Cottage Nursing Association has necessitated the forming of another branch. This will have its headquarters at Walthamstow, but will be carried on under the direction of the superintendent at the Leystonstone Home. One of the local medical men, speaking at the recent committee meeting, said that the new branch would be of the very greatest benefit to the inhabitants at Walthamstow. Lady Rayleigh, whose husband is president of the County Nursing Association, is taking an active part in all the necessary arrangements for the opening of the new home, and she hopes that it will quite soon be in full working order.

The annual meeting of the West Twickenham District Nursing Association was of a most satisfactory character. Owing to the generosity of one of the society's many kind friends, the year's work had been started without a deficit. Miss Hill has proved herself invaluable to the society, the patients and the committee being unanimous in expressing their thanks for her skilled nursing and kind, thoughtful attention of the sick. She has had a difficult task in following their late nurse, but by all reports she has won her way into the hearts of the poor people without exception.

At the annual meeting of the Egham and Hythe Trained Nurses' Association one of the committee proposed that a "Nurse Fund Sunday" should be inaugurated. He was sure that all would be only too glad of an opportunity of showing their thankfulness for the good work of the nurses in their midst. The association has been at work now for seventeen years, and it is a matter for great regret that its financial needs should not have met with more substantial recognition. During the past year the nurse who works the Egham district has paid 2,404 visits.

The nurses of the Stroud and District Nursing Association have had a busy year's work, having paid 8,278 visits. One of the nurses has gained a bronze medal for five years' service. The work of the association is steadily growing, and one of the committee said it was impossible to visit at any of the houses of the poor without hearing a torrent of praise about the kindness and skilled attention of "nurse." The work in the nursing home also shows that the privileges to be obtained there are very much appreciated, and the thanks of all were offered to Miss Berks, the indefatigable lady superintendent.

The annual meeting of the Aberdeen District Nursing Association was held recently at the home. The committee expressed themselves very satisfied with the additions which had been made to the home for providing for the increased staff. The only matter of regret was the cost, which was necessarily heavy, and there was yet the furnishing bill to be thought of; still, the society was keenly alive to the excellent work which the nurses were able to do, and how much this would have been handicapped had the staff not been increased. During the year the work has spread considerably, and for a short time the Aberdeen nurses have been taking temporary duty at Woodside during the illness of the nurse in that district.

The Q.V.J.I. at Galashiels has just received a generous legacy of £200 from Mrs. Summers, a lady who had long resided in the town, in token of her appreciation of the magnificent work the nurses had done, and are doing, for the sick poor of the locality.

At the recent annual meeting of the Devon Nursing Association, a proposal was made by the committee that a training home in Cornwall should be established. The scheme seems little short of a necessity, as the cost of sending the nurses up to Plaistow to be trained is becoming very heavy now that the number of them is constantly increasing. Towards the fund for the home, the building of which is not to be charged to the association's account, an anonymous donation of £100 has already been received. The excellent work which the association has done, and continues to do, is felt to be largely due to Miss Bell, the superintendent, who has proved so invaluable and energetic in seeing after the welfare of both nurses and patients.

We have just received the annual report of the York Home for Nurses, which shows that during the year the district nurses have paid over 11,496 visits. The home has not always been full, but the Governors feel this is because many people are ignorant of its existence. Miss Morgan, the superintendent, continues to give the greatest satisfaction, and everyone spoke most highly of the excellent work of the nurses in nursing the poor in their own homes. The acounts show a slightly adverse balance, which is much to be regretted.

We regret to notice that three of the nurses of the Barry District Nursing Association have resigned. Only a short time ago two other nurses resigned. Miss Ross, Miss Haigh, and Miss Blackler have been appointed to fill their places.

The Hospital for Women, 9 Lupus Street, Westminster, a branch of the Zenana Medical Mission, has once more reorganised its work. For the last five years the cases admitted have been mainly gynæcological, but now they are maternity only. This excellent little hospital is not a very well known one, and yet for many years the good work has been carried on under the direction of Dr. Wright, and for one year only under the superintendence of its present matron, Miss Rhind. The foreign field, however, claims this lady, who, in about a year, hopes to take up nursing work in China. The fees are three guineas, and in such cases where poor gentlewomen are quite unable to meet even these moderate terms a further reduction is made, and in some instances patients pay nothing at all. There is a large out-patient attendance, poor people paying fees according to their means only.

A Bible Reading for nurses is held every Thursday evening from six to seven p.m. at 26 George Street, Hanover-square, W. There is first a social cup of tea, which gives time for a little friendly talk and for the late comers to arrive. At 6.20 p.m. a hymn is sung, and after a short prayer a little Bible Reading is given by either Miss Marion Dashwood, hon. sec. of the Nurses' Union, or by Miss Greer, hon. sec. of the Central Branch of the Union. Every Wednesday, at 125 Westbourne-terrace, Miss E. Allen is "At Home" to nurses from six to seven p.m. All nurses are heartily welcome. They are asked to come and see for themselves. Friends are waiting to help, comfort, and cheer. No nurse will feel out in the cold, for all are wanted, and all are welcome.

APPOINTMENTS

Chadwell Isolation Hospital.—Miss McLachlan has been appointed night sister. She was trained at the Birkenhead Infirmary, and has since been charge nurse at the Alexandra Hospital, Coatbridge, and sister at the Woolwich Infirmary. Miss B. Lensy has been appointed sister of the scarlet fever wards. She was trained at Poplar and Stepney Sick Asylum, and has since been sister at the Kensington Infirmary, and at the Stirling District Asylum at Larbert.

Chesterfield and North Derbyshire Hospital.—Miss A. G. E. Stallwood has been appointed sister. She was trained at the Hull Royal Infirmary, and was afterwards assistant nurse at the Northern Hospital, London, took charge of the Isolation Hospital at Market Rasen, and temporary sister's duty at the Hull Royal Infirmary.

Gibraltar Soldiers' and Sailors' Families' Association.—Miss Gertrude Petty has been appointed nurse. She was trained at Lambeth Infirmary, and afterwards at Stroud D.N. Association; has since been Queen's Nurse with Princess Christian's Trained Nurses, Windsor. She volunteered her services during the recent smallpox epidemic at Gerrard's Cross. She has the C.M.B. certificate.

Glasgow Western Infirmary.—Miss H. Gregory-Smith has been appointed lady superintendent. She was trained at the institution, and has since been home sister and assistant matron there, and matron of the Dumfries Royal Infirmary.

Hayes Cottage Hospital.—Mrs. Gemmell has been appointed matron. She was trained at the Liverpool Royal Infirmary, and has since been working under the Q.V.J.I.

Llandilo and District N.A.—Miss Hughes has been appointed district nurse.

Royal National Orthopædic Hospital.—Miss E. Fairbairn has been appointed sister. She received her training at the London Hospital, and was subsequently at the Royal Chest Hospital, City Road, E., and district nurse at Hastings. She holds a C.M.B. certificate.

Sheffield Royal Hospital.—Miss A. Rastall and Miss V. Durram have been appointed sisters. They were both trained in the hospital.

POOR LAW

Bristol Parish.—Miss J. M. Stooke has been appointed charge nurse.

Chesterfield Union.—Miss S. Heap has been appointed staff nurse.

Congleton Union.—Miss E. Roberts has been appointed superintendent nurse.

Devonport Union.—Miss M. J. Bevan has been appointed charge nurse.

Kidderminster Union.—Miss M. A. Harrington has been appointed charge nurse.

Shoreditch Parish.—Miss E. Mercer and Miss M. McNicol have been appointed charge nurses.

St. George's Union.—Miss M. A. Baker and Miss E. M. Page have been appointed head nurses.

RESIGNATIONS

Paddington Parish Workhouse.—Miss A. M. Ayres, night nurse, has resigned.

Hartlepool Union.—Miss M. Burgess, charge nurse, has resigned.

St. Mary's Hospital, Paddington.—Miss Lilian Henshaw has resigned her position as sister. She intends to train in midwifery, and may go abroad afterwards.

DEATH

We regret to learn of the death of Miss Crerar, one of the nurses at the Corporation Infectious Diseases Hospital, Ayr. Miss Crerar had been engaged in nursing patients who were suffering from a virulent attack of enteric fever, and herself contracted the disease. She was quite young, and will be very much missed, having proved herself an efficient nurse.

PRESENTATION

Nurse Moore, of Pontesbury, Shrewsbury, was presented with an address and a handsomely fitted lint-case on the occasion of her departure.

CORRESPONDENCE

ARMY NURSING IN S. AFRICA.

To the Editor.

In considering—and condemning—the work of the Army Nursing Sisters in S. Africa, I think one point is often overlooked or not known, and that is, that the patients who are most ill and have most done for them, in real hard work, not in the way of "petting," are not conscious of how much is done for them. This has often struck me in hospital, when the most grateful patients are often those who have had nothing perhaps but the routine treatment, but have seen and observed the care and attention bestowed upon cases too ill to know of it themselves, and who never will know it unless, as often happens, the other patients enlighten them when they are convalescent.

One instance of this kind occurred to me in S. Africa, and absolutely struck me speechless with amazement. The hospital was full, chiefly of light and convalescent cases, but in the acute surgical ward there was one man very ill with his leg and thigh smashed. He was *the* case in the ward, and all the other cases and their dressings were of minor importance; every kind of luxury that could be procured was his; in the strugle to pull him through the whole hospital was interested and anxious to hear of any improvement. On night duty the sister's rounds were arranged entirely with regard to him, not to speak of countless visits in addition to the usual ones. The patients were most devoted in helping. Some of them even were always willing to jump up in the night and help the sister and orderly to move him if he needed. I never knew any man or officer who received greater devotion from everyone. Some time after he was moved into a tent, and was quite convalescent when I came across him. I said how pleased I was to see him getting on so well. To my amazement, he replied in an aggrieved tone, "Yes, but I should never have got better in that ward; no one ever did anything for me there"!

A. N. S. R.

COURTESY AMONG NURSES.

To the Editor.

I am afraid that the writer of the article on "Courtesy" has met with some very unusual specimens.

Some nurses are, I admit, lacking in ideal, but most of them have had enough education to know ordinary manners. Still, nurses are only human. Why is it people expect them to be *super*-human and *un*natural? Why should the patients' friends expect them to be always bright, always patient, always on the go, when they are made to feel the daily walk and their one attendance at a place of worship on the Sabbath Day an inconvenience?

One often sees in various papers the faults and failings of nurses discussed, but one seldom sees the nurses complaining of their patients, or the manner in which they too often get treated by their friends. I hope the writer of "Courtesy" will never need a nurse again, but if she should I sincerely hope she will meet with a better specimen.

Eda Reeves.

The Nurses' Home, Battle, Sussex.

A TRIBUTE.

To the Editor.

Will you let me thank you publicly for the benefits I get from your paper? I have just got a great bargain through it, a good strong invalid chair for 12s. 6d. I also wrote to Miss Hawthorne, of the Tiny Tim Guild, and she has taken a little patient of mine in hand. Then, I am a Yorkshirewoman, and did enjoy Miss Murray's sketches; they were written with such a Yorkshire brogue. Again, through your paper I got tickets for the lectures at the Lady Margaret Fruitarian Hospital, of which I had never heard before. So let me say, "Many thanks."

J. A. G.

A PLEA FOR THE BETTER TRAINING OF THE MIDWIFE.

To the Editor.

A nurse never takes a medical or surgical case except under a doctor, and for these cases she is required to train in a hospital of so many beds and a certain number of resident doctors, for at least three

years. Yet a midwife who is licensed by Act of Parliament is considered sufficiently trained in not more than *three months*, and by this very Act she is, after sending for a doctor, who does not come, permitted to act for him in certain urgent cases where to leave the patient untreated would cause her or the infant's death; and by this same Act she would be exonerated from blame.

Surely the time has now come when all trained nurses and doctors must see how inefficiently trained are midwives who have never been in a maternity hospital. As a matron, I say that it is quite impossible to teach and train a midwife in the district as much as she would learn if she had been even one month in a maternity hospital. Most, if not all, bad district cases—viz., eclampsia, cardiac, hæmorrhage, mal-presentations, operative, &c. are sent into hospital, so that the pupils cannot know what the doctor would do. I hope this may be altered now so that *all* midwives be enforced after their district training to spend one, two, or three months in a recognised maternity hospital.

Certificated Nurse and C.M.B. Cert.

COMPETITION X

A large number of exceedingly useful and interesting suggestions have been sent in. Two papers were of such equal merit and thoughtfulness that we have decided to double the prize, giving £1 1s. each to the senders:—

Miss E. M. Foy
and
Miss J. Wilson.

A very new and interesting suggestion was also sent in by Sister Joseph,

and a special prize of half-a-guinea has been awarded to her.

Other excellent suggestions, some of which will be adopted in due course, were sent in by S. P. of Norwich, B. C. B. of Orsett, E. L. of Cockermouth, and A. A. R. of Paddington.

To these ladies, as well as to a large number of others who sent in practicable proposals, a small payment will be made in due course. The papers will be discussed and criticised in detail in a future issue.

COMPETITION XI

FOR MATRONS AND SISTERS.

A prize of one guinea and one of half-a-guinea will be given for the most helpful advice to a probationer entering a hospital from a matron or a sister. The advice should be written on the back of a postcard, and should reach this office not later than March 24th.

QUESTIONS AND ANSWERS

Acting on the suggestion of a correspondent, we gladly invite questions and answers from all our readers, on any matters of technical and nursing interest.

"A Maternity Nurse" wishes to know where she can study the draft Bills for Registration, and whether testimonials from doctors are sufficient qualifications for registration.

There are two Bills at present drafted, and copies can be obtained by applying to:—

(a) The Society for State Registration, 431, Oxford Street, W.

(b) Royal British Nurses' Association, 10, Orchard Street, W.

It is not likely that testimonials from doctors alone will qualify a nurse for registration, although such testimonials, if accompanied by evidence of proper training and experience, will, under one of the Bills, permit of the registration of practising nurses during the proposed period of grace, but this would not apply to future nurses.

A. D. asks where she can obtain full particulars of the registration question, with opinions for and against.

She will find these in the files of other nursing journals, or in a compact form in the Blue-book, giving the evidence laid before the Select Committee, published by Wyman and Sons, 109, Fetter Lane, E.C., price 1s. 8d.

"Undecided," the matron of a cottage hospital, asks if to begin regular hospital training would be too hard for a person not in robust health.

The post of matron of a hospital of sixteen beds very often is a great deal more trying to the health, and more responsible, than that of a sister or nurse in a large hospital, as she has so few to relieve her, and continually has to take extra work herself; moreover, having no resident surgeon, she has great responsibility in reference to the treatment of the cases.

"Beth" wishes to have particulars as to becoming a Queen's nurse.

Queen's nurses must have had at least two years' infirmary or hospital training; and six months' district training; midwives must be certified. Apply to the General Superintendent, 120 Victoria Street, S.W.

"A. A. J." asks for particulars of any fund for assisting disabled nurses.

There is the R.N. Pension Fund and the Help Fund of the R. British Nurses' Association, but both, we believe, are confined to members. The Trained Nurses' Annuity Fund, 73 Cheapside, helps those over 50 years of age. It would be best to apply to the C.O.S., Denison House, Vauxhall Bridge Road, S.W., for a list of charities for distressed ladies.

"M. W." wants to know how she can hear of vacancies in Egyptian or European hospitals?

Write to the matrons of the Kasr-El-Ainy Hospital in Cairo, the German Hospital at Alexandria, the Evangelismos Hospital in Greece, and the Hertford British Hospital at Paris.

"A Correspondent" asks for the names of the American nursing papers, and how to get a post in America as a trained nurse?

The principal nursing papers published in America are:—*The American Journal of Nursing*, J. B. Lippincott Co., 227 South Sixth Street, Philadelphia, Penn.; *The Johns Hopkins Nurses Alumnæ Magazine*, 1,223 Madison Avenue, Baltimore, Md.; *The Canadian Nurse*, Miss H. MacMurchy, M.D., 153 Bloor Street East, Toronto. It is a little difficult to give advice to an English-hospital-trained nurse as to obtaining employment in any American hospital, as the nurses there are excellently trained, and would not easily make room for foreigners. It would be best to scan the advertisements of these papers for a vacancy, and then apply, but there is little chance of success: and we do not advise you to go unless you have a little capital.

COMING EVENTS

March 2nd.—Annual Meeting of the Association for Promoting the Training and Supply of Midwives, 3 p.m., Caxton Hall, Westminster.

April 7th.—Exhibition of Health, Food, and Hygiene at the Crystal Palace.

All Editorial communications to b addressed to The Editor, "The Nursing Times,"
Messrs. MACMILLAN & CO., Ltd.,
St. Martin's Street,
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